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CONFIRMATION NO. 2001

|                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                    |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/761,069                                                                                                                                                                                                                                                                               | <b>FILING OR 371(c) DATE</b><br>01/20/2004<br><b>RULE</b>                                                         | <b>CLASS</b><br>358           | <b>GROUP ART UNIT</b><br>2609                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>1-31 |                                |
| <b>APPLICANTS</b><br>Peggy Hasan, Aurora, IL;<br>Sandra Lynn True, St. Charles, IL <i>NT</i>                                                                                                                                                                                                                     |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                    |                                |
| <b>** CONTINUING DATA *****</b><br><i>NT</i>                                                                                                                                                                                                                                                                     |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                    |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>NT</i>                                                                                                                                                                                                                                                                |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                    |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/22/2004</b>                                                                                                                                                                                                                                       |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                    |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <i>NT</i><br>Examiner's Signature Initials |                                                                                                                   | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWING</b><br>2                                                                                                                                                                                                                                                      | <b>TOTAL CLAIMS</b><br>11          | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>Docket Administrator (Room 3J-219)<br>Lucent Technologies Inc.<br>101 Crawfords Corner Road<br>Holmdel, NJ07733-3030                                                                                                                                                                           |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                    |                                |
| <b>TITLE</b><br>Method for blocking facsimile transmissions to non-fax devices                                                                                                                                                                                                                                   |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                    |                                |
| <b>FILING FEE RECEIVED</b><br>770                                                                                                                                                                                                                                                                                | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |                                |